

State of Michigan  
DEPARTMENT OF MILITARY AND VETERANS AFFAIRS  
**ELECTRONIC FUNDS TRANSFER APPLICATION**

<b>RETURN TO:</b>	Military Affairs Retirement System MITAG-OHRM 2500 S. Washington Avenue Lansing, MI 48913-5101	
System 49	Recipient	

**SECTION A: To be completed by Applicant (Please type or print)**

Social Security Number*	Home Phone	Type of Application (Select ONE ONLY)  <input type="checkbox"/> NEW <input type="checkbox"/> Change <input type="checkbox"/> CANCEL
Name (Last, First Middle)		
Street Address		
City, State, Zip		
Account Number	Type of Account (Select ONE ONLY)  <input type="checkbox"/> Savings <input type="checkbox"/> Checking	

I authorize the Retirement System to deposit my net monthly pension, by electronic transfer into the designated financial institution and account. I understand this authorization remains in effect until canceled by: (a) myself, my death or legal incapacity; (b) the financial institution; (c) the State of Michigan.

I authorize the Retirement System to recover money electronically deposited in my account in error, either by adjusting the account or withholding any future payments. I understand I will be notified in writing by the Retirement System if adjustments are being made.

I agree to comply with the State of Michigan rules concerning electronic funds transfer. I understand that I will be notified of any rule changes that affect my direct deposit.

Signature	Date
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**SECTION B: To be completed only by Financial Institution (Please type or Print)**

Financial Institution Name	Routing Transmit No.
Street Address	
City, State, Zip	

I confirm the identity of this applicant and certify that this account number and routing transit number are accurate to facilitate an electronic funds transfer. As a representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the net monthly pension of this applicant.

Print or Type of Representative	Title	Telephone Number
Representative's Signature		Date